

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>133</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>207</u>
Town of _____			Local Registrar No. _____
or _____			St. _____ Ward _____
City of <u>Globe</u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Bulah Hunter</u>			
3. Sex of Child <u>Female</u>			
To be answered ONLY in event of plural births.		4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>3</u> <u>6</u> <u>24</u> Month day year	
8. FATHER		14. MOTHER	
Full name <u>Edward Hunter</u>		Full maiden name <u>Lola Cage</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Ariz</u>		If nonresident, give place and state <u>Ariz</u>	
10. Color or race <u>4/4 Indian</u>		16. Color or race <u>4/4 Indian</u>	
11. Age at last birthday <u>31</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Boyles</u>		18. Birthplace (city or place) <u>San Carlos</u>	
(State or country) <u>Ariz</u>		(State or country) <u>Ariz</u>	
13. Occupation <u>Mine worker</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum? <u>no</u>	
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>6</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that <u>X</u> attended the birth of this child, who was <u>Born alive</u> at <u>12.01</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>P. H. Sanger M.D.</u>	
Given name added from _____		(Physician or midwife)	
a supplemental report _____		Address <u>San Carlos, Ariz</u>	
Month, day, year. _____		Filed <u>4-7</u> 192 <u>4</u>	
Registrar. _____		Local Registrar. <u>B. G. T. J.</u>	
		County Registrar. _____	

292-300-375